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Multiple Sclerosis Health Resource Utilization Survey (MS-HRS)

The purpose of this questionnaire is to determine the total cost of a multiple sclerosis therapy. Due to the lack of complete data, it is often difficult to estimate the costs. Your contribution to our efforts to better understand these costs is therefore of particular importance.

When answering the questions, please note that the period for cost collection refers to the last 6 months. Please answer the questions one by one, any shortcuts between the questions will be announced.

Thank you very much.

I. Core questions (1 to 12)

1. What is your current job?

- Employed
- Self-employed
- Looking for work
- Housewife/man
- In study/training
- Retired due to MS to a degree of ___%
- Retired for other reasons
- Other

2. How many hours per week do you currently work? (If unemployed, fill in „0“)

___ hours

3. How many days have you been on sick leave due to MS in the last 6 months?
(If unemployed, fill in „0“)

___ days

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4. Due to my MS, my state of health has reduced my productivity at work (e.g. concentration or speed at work) in the last half year. (Choose a high number if MS affected your work a lot)

0 1 2 3 4 5 6 7 8 9 10

No effect on
my work

Completely
prevented me
from working

5. Due to my MS, I have been hospitalized in a hospital, rehabilitation clinic or nursing home (including overnight stay) in the last 6 months.

No → Proceed to question 6.

Yes, in detail:

Of which ____ were days in a hospital, and thereof ____ days in neurology.

Of which ____ were days in a rehabilitation clinic.

Of which ____ were days in a nursing home.

6. Due to my MS, I have been treated in a hospital, a rehabilitation clinic or a nursing home, i.e. in a day clinic (without an overnight stay) or a night clinic (without a day stay) in the last 6 months.

No → Proceed to question 7.

Yes, in detail:

Of which ____ were days in a hospital, and thereof ____ days in neurology.

Of which ____ were days in a rehabilitation clinic.

Of which ____ were days in a nursing home.

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7. Due to my MS, I have had contact with the following specialists or professional groups on an outpatient basis in a practice or hospital in the last 6 months. Please only list those contacts that have not already been reported in question 5 or 6. (Multiple entries of different specialists are possible)

I did not consult any of the professionals listed below. → Proceed to question 8.

Yes, in detail:

General practitioner / family doctor	_____	times
Neurologist	_____	times
Other specialist (e.g. urologist, ophthalmologist, psychologist)	_____	times
MS nurse	_____	times
Physiotherapist	_____	times
Occupational therapist	_____	times
Counselling centre	_____	times
Optician	_____	times
Speech therapist	_____	times
Acupuncture	_____	times
Other alternative healthcare	_____	times
Other	_____	times

8. Due to my MS, I have been in one of the following examinations for the last 6 months: Magnetic Resonance Imaging (MRI), Computer Tomography (CT), Lumbar Puncture or Blood Examinations.

No → Proceed to question 9.

Yes, in detail:

_____ Magnetic Resonance Imaging (MRI) (count)
_____ Computer Tomography (CT) (count)
_____ Lumbar Puncture (count)
_____ Blood Examinations (count)

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9. Due to my MS, I have needed help in the household or with everyday tasks within the last 6 months.

No → Proceed to question 10.

Yes, by the following persons:

Professional care specialist (nursing service) _____ hours per week on average

Domestic help or personal advisor _____ hours per week on average

Friends or family members _____ hours per week on average

10. How much (in Euro) have you spent on over-the-counter medicines to treat MS symptoms over the last 6 months?

_____ Euro

11. How much (in Euro) have you spent on medical consumables (e.g. bandages, patches) approximately due to your MS during the last 6 months?

_____ Euro

12. Have you made any changes to your house, apartment or car in the past 6 months, or have you needed special equipment or aids due to your MS?

No (zero costs) → Proceed to question 13.

Yes, in detail:

Changes to your home due to problems related to your MS: _____ Euro

Changes to your car due to problems related to your MS: _____ Euro

For walking aids, wheelchair (manual or electric), electric scooter: _____ Euro

For a special hospital bed: _____ Euro

Other investments: _____ Euro

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II. Additional questions (13 to 24)

13. By how many hours per week did you have to permanently reduce your workload due to MS? (If not applicable, then „0“)

____ hours

14. Due to my MS, my earnings in the last 6 months have reduced by ... €. (If not applicable, then „0“)

____ Euro

15. Due to my MS, I had to change the type of work or my job in the last 6 months.

No

Yes

16. Have your relatives reduced their working hours during the last 6 months to support you due to your MS?

No

Yes, from ____ hours per week to ____ hours per week

17. Are you responsible for caring for other family members (e.g. relatives or children in need of care - including children in education)?

No

Yes

18. What everyday tasks do you need help with? (Multiple answers possible).

Movement

Body care

Transport

Other

19. What level of education have you acquired?

Secondary school

University degree

Completed vocational training

Without school leaving certificate

Not specified

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20. Do you live ...?

- Alone
- Family/ partner
- In a nursing home
- Other

21. Your health insurance status:

- Statutory health insurance
- Private health insurance

22. I'm classified as

- Not handicapped → Proceed to question 23.
- Handicapped
- Severely handicapped

Degree of disability:

_____ %

23. Your level of care:

- None
- _____ degree (number)
- I don't know, but applicable

24. Do you currently use one of the following devices due to your MS?

(Multiple answers possible)

- Sticks/Rollator
- Wheelchair
- Hospital bed
- Other